

REQUIRES MONITORING
OR STAFF ACTION _____

COMMISSION DIRECTIVE

ADMINISTRATIVE MATTERS	<input type="checkbox"/>	DATE	<u>February 28, 2006</u>
MOTOR CARRIER MATTERS	<input type="checkbox"/>	DOCKET NO.	<u>97-313-C, 2003-361-C</u>
UTILITIES MATTERS	<input checked="" type="checkbox"/>		<u>2005-369-C</u>

SUBJECT:

DOCKET NO. 97-313-C – Southwestern Bell Communications Services, Incorporated d/b/a Southwestern Bell Long Distance - Application for a Certificate of Public Convenience and Necessity to Provide Intrastate Telecommunications Services and Request for Alternative Regulation;
DOCKET NO. 2003-361-C – Southwestern Bell Communications Services, Inc. d/b/a SBC Long Distance – Application for a Certificate of Public Convenience and Necessity to Provide Resold and Facilities-Based Local Exchange Telecommunications Service within the State of South Carolina; and for Flexible Regulation; AND
DOCKET NO. 2005-369-C – Notification of Closing SBC Communications, Incorporated and AT&T Corporation Merger – The Return Date has expired with No Intervention – The Office of Regulatory Staff does not oppose this action - Discuss with the Commission a Request to Adopt a New Fictitious Name of “AT&T Long Distance” in South Carolina.

COMMISSION ACTION:

Grant request of SBC Long Distance, LLC to adopt a fictitious name of AT&T Long Distance for marketing to the public.

PRESIDING	<u>Mitchell</u>	Session:	Regular
		Time of Session	<u>2:30 PM</u>
	MOTION	YES	NO
		OTHER	

CLYBURN	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	APPROVED _____
FLEMING	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	APPROVED STC 30 DAYS _____
HAMILTON	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ACCEPTED FOR FILING _____
HOWARD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DENIED _____
MITCHELL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	AMENDED _____
MOSELEY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TRANSFERRED _____
WRIGHT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	SUSPENDED _____
				CANCELED _____
				SET FOR HEARING _____
				ADVISED _____
				CARRIED OVER _____
				RECORDED BY <u>SCHMIEDING</u>